

# APPENDIX J

## **Medical Screening: Departmental Instruction No. 131**



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF

*Mental Health, Mental Retardation and Substance Abuse Services*

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COMMISSIONER

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## MEMORANDUM

**TO:** CSB Executive Directors

**FROM:** Timothy A. Kelly *TAK*

**SUBJECT:** Departmental Instruction 131,  
*Medical Screening of Individuals Referred for Admission to  
DMHMRSAS Hospitals and Training Centers*

**DATE:** November 7, 1996

Attached, for your information, is a new Departmental Instruction, No. 131, *Medical Screening of Individuals Referred for Admission to DMHMRSAS Hospitals and Training Centers* which becomes effective November 15, 1996. This Instruction was developed to comply with recommendations of the Joint Legislative Audit and Review Commission that the Department establish a statewide policy and procedures that define the circumstances under which a medical screening is required and the medical screening procedures that must be used.

This Instruction was jointly developed by the DMHMRSAS Office of Mental Health and Substance Abuse Services and the Office of Medical Affairs with considerable input from the Office of Mental Retardation Services and DMHMRSAS hospital and training center Medical Directors. It has undergone two field reviews, both of which included community services boards, and two reviews by the Office of the Attorney General.

Departmental Instructions are DMHMRSAS internal operating policies and procedures and compliance with Instructions is mandatory for Departmental staff. This Instruction differs from other Departmental Instructions in that it is written to define required procedures for facility staff and it also is intended to provide guidance to community services board pre-screeners.

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Every effort was made to address the issues and concerns of both facility and community personnel responsible for screening individuals who seek admission to DMHMRSAS hospitals and training centers. Clearly, there are many issues, such as the lack of health care resources for uninsured persons, that this Instruction cannot address. Our objective in writing this Instruction was to clarify, to the extent possible, the roles, responsibilities, and procedures related to medical screening to ensure the safety and well being of those individuals presenting for admission to state hospitals and training centers.

If you have any questions about this Instruction, please contact Harold Carmel, M.D., Director of the Office of Medical Affairs.

Attachment

cc: Jane D. Hickey  
James Bumpas  
Harold Carmel, M.D.  
Karen Mann  
Charline Davidson

## **Departmental Instruction No. 131**

### **Medical Screening of Individuals Referred for Admission to DMHMRSAS Hospitals and Training Centers**

#### **131 - 1 Background**

- Persons with serious psychiatric disease and/or severe mental retardation often have coexisting non-psychiatric medical/surgical disorders that:
    - ☐ complicate the symptomatic presentation of the individual,
    - ☐ represent severe disease requiring urgent treatment, or
    - ☐ account for the symptoms leading to the referral for admission to a state-operated hospital or training center.
  - DMHMRSAS hospitals and training centers vary in the on-site medical/surgical resources available. CSBs possess varying capacities to obtain a local emergency medical evaluation.
  - Good medical practice calls for the screening and possible assessment of an individual to identify whether any such non-psychiatric medical/surgical disorders exist before a decision is made regarding admission of an individual to a state-operated hospital or training center.
  - CSB pre-screeners are not physicians and are not equipped by training, experience, or license to make medical judgements or treatment decisions.
  - In 1995, the Joint Legislative Audit and Review Commission, in its report "Review of the Involuntary Commitment Process," recommended that the DMHMRSAS define the circumstances under which a medical screening is required and the medical screening procedures that must be used.
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#### **131 - 2 Purpose**

It is the purpose of this Instruction to define the process by which a CSB seeking to admit an individual to a DMHMRSAS hospital or training center and the hospital or training center to which admission is being sought collaborate to ensure that consideration of the safety and well-being of the individual is the foundation for all admission decisions.

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### **131 - 3      Definitions**

The following definitions shall apply to this Instruction:

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<b>Medical assessment</b>	A medical assessment is an assessment of an individual's non-psychiatric medical/surgical condition that is performed by a licensed physician.
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<b>Medical screening</b>	The collection of information about the non-psychiatric medical/surgical condition of an individual to determine whether there is a need for a medical assessment before a decision is made regarding admission to a DMHMRSAS hospital or training center.
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<b>COBRA/ EMTALA</b>	The Comprehensive Omnibus Budget Reconciliation Act (COBRA) of 1986 (as revised) and the Emergency Medical Treatment and Active Labor Act (EMTALA) establish requirements governing the transfer of patients from hospitals that have emergency departments and are certified for Medicaid or Medicare reimbursement.
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<b>Physician designee</b>	The physician to whom the Medical Director has delegated the authority to admit patients to psychiatric hospitals and training centers.
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### **131 - 4      Responsible Authority**

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<b>Division of community &amp; facility services</b>	The Associate Commissioner for the Division of Community & Facility Services is responsible for ensuring the compliance of state facilities with the provisions of this Instruction.
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<b>Office of Medical Affairs</b>	The Director of the DMHMRSAS Office of Medical Affairs is responsible for the interpretation and ongoing monitoring of the efficacy of this Instruction.
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<b>Medical Director</b>	The hospital or training center Medical Director or designee is responsible for collaborating with the CSB to ensure that an individual referred for admission is promptly screened and admitted. If the individual is not admitted, the Medical Director or physician designee will advise the CSB prescriber on other treatment alternatives.
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## **131 - 5      Specific Guidance**

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- DMHMRSAS hospitals or training centers should admit individuals with diseases or disabilities that can be managed within the medical resources of the hospital or training center.
- DMHMRSAS hospitals or training centers should not admit any individual whose non-psychiatric medical/surgical condition exceeds the reasonable capacity of the hospital or training center to provide needed medical care.
- Further, DMHMRSAS hospitals or training centers should not admit any individual whose need for emergency treatment in a medical/surgical hospital outweighs the need for admission to a psychiatric hospital or training center.
- The decision to admit an individual to a DMHMRSAS hospital or training center will be based on factors including:
  - ☐ the individual's need for the services available at the hospital or training center;
  - ☐ the individual's current status (medical/surgical, mental status, behavioral disability);
  - ☐ the expected clinical course;
  - ☐ the level of medical/surgical need; and
  - ☐ the capacity of the DMHMRSAS hospital or training center to meet that medical/surgical need.

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## 131 - 6      Procedures

The following procedures are to be used for Medical Screening of Individuals for Admission to DMHMRSAS Hospitals and Training Centers:

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**Collection of  
information  
by CSB pre-  
screeners**

- CSB pre-screeners should attempt to gather medical information about a prospective admission to a DMHMRSAS hospital or training center from readily available sources which **may include** the individual and:
    - ☐ family members
    - ☐ the CSB record
    - ☐ a CSB or private therapist
    - ☐ other care providers
  - CSB pre-screeners should attempt to obtain information related to:
    - ☐ known medical diseases or other disabilities;
    - ☐ previous psychiatric and medical hospitalizations;
    - ☐ medications;
    - ☐ current use of alcohol and illicit drugs; and
    - ☐ observable physical symptoms that may suggest a medical problem.
  - If the information collected raises questions about the non-psychiatric medical/surgical treatment needs of the individual for whom admission is being sought, the pre-screener should arrange for an assessment of the client's medical condition before proceeding with the admission.
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**Review of  
information by  
facility**

- Hospital or training center personnel shall inquire about, and CSB pre-screeners are expected to provide, medical information when an individual is being considered for admission.
  - The hospital or training center Medical Director or physician designee shall review with CSB pre-screeners the medical/surgical status of any individual being considered for admission when there is evidence of a medical problem.
  - After reviewing the medical information with CSB pre-screeners, the hospital or training center Medical Director or physician designee may request a medical assessment of the individual being considered for admission before the individual is transported to the facility.
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Advice on alternate placement	When admission to a DMHMRSAS hospital or training center is denied or delayed due to a coexisting non-psychiatric medical/surgical disorder(s), the Medical Director or designee may provide advice to CSB pre-screeners in obtaining a proper assessment and placement of the individual in an appropriate medical setting.
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Medical screening of forensic patients	<p>Several types of forensic admissions referred to DMHMRSAS facilities pursuant to the Code of Virginia (1950) <u>do not require preadmission</u> screening by the community services board. These admissions include persons:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> in jail, convicted and awaiting sentencing;</li><li><input type="checkbox"/> incompetent to stand trial; and</li><li><input type="checkbox"/> involuntarily committed following a finding of Not Guilty by Reason of Insanity.</li></ul> <p>When a forensic patient who does not require pre-screening is admitted, facility admissions personnel will collaborate with the referral source and/or involved medical personnel to collect the medical information and assess the non-psychiatric medical/surgical condition of the forensic admission.</p>
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Transfers from a health care facility	<p>When the referral source is a health care facility, the hospital or training center Medical Director or physician designee shall make appropriate inquiries of the referring facility, prior to approving admission. Inquiries may include:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> direct contact with the referring physician,</li><li><input type="checkbox"/> review of specific clinical data, and</li><li><input type="checkbox"/> other assessments of current medical/surgical status.</li></ul>
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Medically inappropriate admissions	When an individual who would otherwise be considered inappropriate for admission is admitted involuntarily by a Judge or Special Justice to a DMHMRSAS hospital, such admission shall be reviewed using the appropriate hospital mechanism (e.g., utilization review committee). Facilities will document all such cases of medically inappropriate admissions.
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Medically  
inappropriate  
admissions  
(continued)

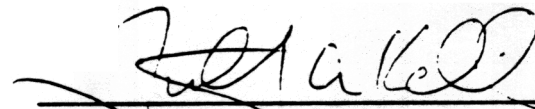
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When there is a pattern of referrals and admissions of individuals who would otherwise be considered inappropriate for admission, the matter will be referred to the DMHMRSAS Office of Medical Affairs for consultation and further action.

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## 131 - 7      References

- COBRA/EMTALA: 42 U.S.C. §1395 dd.
  - Code of Virginia § 37.1-65: Voluntary Admission; and § 37. -67.3: Involuntary Admission and Treatment.
  - Code of Virginia §§ 19.2-169.6, 19.2-169.2, 19.2-182.3.
  - State MHMRSAS Board Policy 1016(SYS)86-23: Policy Goal of the Commonwealth - Development of a Comprehensive Community-Based System for Serving Mentally Ill, Mentally Retarded and Substance Abusing Citizens
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Timothy A. Kelly, Ph.D.  
Commissioner

Attachment

Effective Date: November 15, 1996